Case 18-12924 Doc 1 Filed 05/02/18 Entered 05/02/18 13:42:20 Desc Main Document Page 1 of 60

| Fill in this information to identify your case: | | |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|--|---|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Anna Marie First name K Middle name DeLeo Last name and Suffix (Sr., Jr., II, III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | | |
| | maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-4107 | |

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Case number (if known)

Debtor 1 Anna Marie K DeLeo

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|---|--|
| 1. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) EINs | ☐ I have not used any business name or EINs. Business name(s) EINs |
| 5. | Where you live | | If Debtor 2 lives at a different address: |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | DuPage County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other |
| | | I have lived in this district longer than in any other district. | district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

Debtor 1 Anna Marie K DeLeo

| | | | |
|----------------|----------|---------------------------|--|
| , . | Document | Page 3 of 60 | |
| Iaria K Dal aa | | [[asa niimhar /if known] | |

| . The chapter of Bankruptcy C choosing to fi | code you are ile under | | 1 <i>0))</i> . Also er 7 er 11 er 12 | | ach, see <i>Notice Required by</i> le 1 and check the appropria | 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy te box. |
|--|--------------------------------------|---|---|--|---|--|
| How you will p | | ☐ Chapt | er 11 er 12 | | | |
| . Have you filed | pay the fee | ☐ Chapt | er 12 | | | |
| . Have you filed | pay the fee | | | | | |
| . Have you filed | pay the fee | ☐ Chapt | er 13 | | | |
| . Have you filed | pay the fee | | | | | |
| . Have you filed | pay the fee | | | | | |
| bankruptcy w | | abo ord | out how ye er. If you | ou may pay. Typicall | y, if you are paying the fee yo | ck with the clerk's office in your local court for more details burself, you may pay with cash, cashier's check, or money alf, your attorney may pay with a credit card or check with |
| bankruptcy w | | I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). | | | | |
| bankruptcy w | | ☐ I re but app | quest the | at my fee be waived quired to, waive your our family size and yo | (You may request this option fee, and may do so only if you are unable to pay the fee i | n only if you are filing for Chapter 7. By law, a judge may, our income is less than 150% of the official poverty line that in installments). If you choose this option, you must fill out cial Form 103B) and file it with your petition. |
| bankruptcy w | | tile | Аррисац | on to Have the Chap | ner i rilling ree walved (Olir | ciai i omi 103B) and me it with your petition. |
| ido. o you.o. | | ■ No. | | | | |
| | | — 103. | District | | When | Case number |
| | | | District | | When | Construction — |
| | | | District | | When | Case number Case number |
| | | | Diotriot | | | |
| 0. Are any bankr | | ■ No | | | | |
| cases pending filed by a spot not filing this you, or by a b partner, or by affiliate? | ouse who is case with ousiness | ☐ Yes. | | | | |
| | | | Debtor | | | Relationship to you |
| | | | District | | When | Case number, if known |
| | | | Debtor | | | Relationship to you |
| | | | District | | When | Case number, if known |
| 1. Do you rent yo | our | ■ No. | Go to | line 12. | | |
| | | ☐ Yes. | Has y | our landlord obtained | d an eviction judgment agains | st you? |
| | | | | No. Go to line 12. | | |
| | | | | | | Judgment Against You (Form 101A) and file it as part of |

Document Page 4 of 60 Case number (if known) Debtor 1 Anna Marie K DeLeo Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor □ No. of any full- or part-time Go to Part 4. business? Name and location of business Yes A sole proprietorship is a business you operate as Anna Marie K DeLeo an individual, and is not a Name of business, if any separate legal entity such as a corporation, partnership, or LLC. 1315 Modaff Rd. B1 If you have more than one Naperville, IL 60565 sole proprietorship, use a Number, Street, City, State & ZIP Code separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ■ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed. Where is the property? or a building that needs

Number, Street, City, State & Zip Code

immediate attention?

urgent repairs?

Debtor 1 Anna Marie K DeLeo Document Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 60 Case number (if known) Debtor 1 Anna Marie K DeLeo Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10.000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Anna Marie K DeLeo

Anna Marie K DeLeo Signature of Debtor 1

Executed on May 2, 2018

MM / DD / YYYY

Signature of Debtor 2

MM / DD / YYYY

Executed on

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Debtor 1 Anna Marie K DeLeo Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Kerrie \$ | S. Neal | Date | May 2, 2018 |
|-------------------|------------------------|---------------|----------------------|
| Signature of | Attorney for Debtor | | MM / DD / YYYY |
| Kerrie S. N | leal 6270224 | | |
| Printed name | | | |
| Zalutsky 8 | k Pinski, Ltd. | | |
| Firm name | · | | |
| 111 W. Wa | shington | | |
| Suite 1550 |) | | |
| Chicago, I | L 60602 | | |
| | City, State & ZIP Code | | |
| Contact phone | 312-782-9792 | Email address | admin@ZAPLawFirm.com |
| 6270224 IL | _ | | |
| Bar number & St | tate | | |

| | | Docum | ent Page 8 of 60 |) | |
|---------------------|--------------------------|-------------------|------------------|---|--------------------------------------|
| Fill in this infor | rmation to identify your | case: | | | |
| Debtor 1 | Anna Marie K Del | Leo | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | ssets f what you own |
|--|--|--|
| Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 18,053.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 18,053.00 |
| t 2: Summarize Your Liabilities | | |
| | | abilities you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 17,000.00 |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 19,339.65 |
| Your total liabilities | \$ | 36,339.65 |
| t 3: Summarize Your Income and Expenses | | |
| Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 2,663.37 |
| Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 2,656.00 |
| t 4: Answer These Questions for Administrative and Statistical Records | | |
| Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | r other sch | edules. |
| ■ Yes What kind of debt do you have? | | |
| · t | 1b. Copy line 62, Total personal property, from Schedule A/B | 1b. Copy line 62, Total personal property, from Schedule A/B |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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Case number (if known) Debtor 1 Anna Marie K DeLeo

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

3,969.79 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Total cla | im |
|--|-----------|------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | | Document | Page 10 of 60 | | |
|--|--|---|---------------------------------|-------------------------------|--|
| Fill in this inf | ormation to identify your | case and this filing: | | | |
| Debtor 1 | Anna Marie K De | l eo | | | |
| 200101 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court for the: | NORTHERN DISTRICT OF ILL | LINOIS | | |
| | | | | | |
| Case number | | | _ | | ☐ Check if this is an |
| | | | | | amended filing |
| | | | | | |
| Official F | Form 106A/B | | | | |
| _ | | ortv | | | 4044 |
| | ule A/B: Prop | | | | 12/15 |
| hink it fits best | . Be as complete and accurance space is needed, attach | ne items. List an asset only once. I ate as possible. If two married peol a separate sheet to this form. On | ple are filing together, both a | re equally responsible for su | pplying correct |
| Part 1: Descri | ibe Each Residence, Buildin | g, Land, or Other Real Estate You (| Own or Have an Interest In | | |
| Do vou own | or have any legal or equitable | e interest in any residence, buildin | g, land, or similar property? | | |
| . Do you own | or nave any legal of equitable | c interest in any residence, buildin | g, land, or similar property: | | |
| No. Go to | Part 2. | | | | |
| ☐ Yes. Whe | re is the property? | | | | |
| | | | | | |
| Part 2: Descr | ibe Your Vehicles | | | | |
| | • | ele, also report it on Schedule G: | Executory Contracts and U | nexpired Leases. | |
| 3.1 Make: | Mercedes | Who has an interest in | the property? Check one | Do not deduct secured c | |
| Model: | GLK | ■ Debtor 1 only | | | ed claims on Schedule D: ims Secured by Property. |
| Year: | 2011 | Debtor 2 only | | Current value of the | Current value of the |
| Approxi | mate mileage: 90 | ,000 Debtor 1 and Debtor 2 | 2 only | entire property? | portion you own? |
| Other in | formation: | ☐ At least one of the de | btors and another | | |
| | | _ | | £4C 200 00 | £40,000,00 |
| | | Check if this is com (see instructions) | munity property | \$16,300.00 | \$16,300.00 |
| | | (See Instructions) | | | |
| Examples: E No Yes Add the de .pages you | Boats, trailers, motors, persolats, trailers, motors, persolaters, trailers, motors, persolaters, persolaters | vou own for all of your entries. Write that number here | snowmobiles, motorcycle ac | y entries for | \$16,300.00 Current value of the |
| | | | | | portion you own? Do not deduct secured |
| | | | | | claims or exemptions. |
| | manada anal formulation | | | | |

6. **Household goods and furnishings** *Examples:* Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

Document Page 11 of 60 Debtor 1 Case number (if known) Anna Marie K DeLeo Yes. Describe..... 3 Standard Rooms of Furniture; Miscellaneouse Household Goods \$500.00 & Furnishings \$50.00 LG Cell Phone 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ■ No ☐ Yes. Describe..... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... Used Clothing \$800.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe..... Miscellaneous Jewelry \$200.00 13. Non-farm animals Examples: Dogs, cats, birds, horses ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,550.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the

Schedule A/B: Property

portion you own?

Case 18-12924

Doc 1

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Entered 05/02/18 13:42:20

Desc Main

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| _ | Retirement or pension Examples: Interests in II | account | |), thrift savings accounts, or other pension or profit-sharing plans | |
|-----|---|-----------|-----------------------------|--|-----------------|
| _ | Examples: Interests in II | account | ts |), thrift savings accounts, or other pension or profit-sharing plans | |
| | | Issi | uer name: | | |
| _ | ■ No □ Yes. Give specific info | rmation a | | | |
| _ | Negotiable instruments | include p | personal checks, cashiers | le and non-negotiable instruments s' checks, promissory notes, and money orders. r to someone by signing or delivering them. | |
| | ☐ Yes. Give specific info | | about them me of entity: | % of ownership: | |
| _ | joint venture No | CK and | interests in incorporate | ed and unincorporated businesses, including an interest in an LLC, pa | irinership, and |
| | Yes | | Institution or issuer name | | |
| • | No | | ent accounts with brokera | age firms, money market accounts | |
| | | 17.2. | Savings Account | TCF Bank | \$43.00 |
| | | 17.1. | Checking Account | First Community Bank | \$100.00 |
| | | | | the same institution, list each. Institution name: | or on ma |
| 17. | Deposits of money | wings o | r other financial accounts: | ; certificates of deposit; shares in credit unions, brokerage houses, and oth | · |
| | _ 100 | | | Cash | \$10.00 |
| _ | □ No ■ Yes | | | | |
| 16. | Cash Examples: Money you h | ave in y | our wallet, in your home, i | in a safe deposit box, and on hand when you file your petition | |
| | | | | claims or | exemptions. |
| | | | | Do not de | |

Schedule A/B: Property

Official Form 106A/B

| De | ebtor 1 | Anna Marie | e K DeLeo | Document | Page 1 | .3 OT 60 Case number (if known) | |
|-----|--------------------|-----------------------------------|--|-------------------------------|----------------|---|--|
| | _ | | , 529A(b), and 529(b)(1). | | | - | |
| | ■ No □ Yes | | Institution name and descript | ion. Separately file th | ne records of | of any interests.11 U.S.C. § 521(c): | |
| 25. | Trusts, | equitable or f | uture interests in property | (other than anythin | g listed in li | line 1), and rights or powers exer | cisable for your benefit |
| | | Give specific i | nformation about them | | | | |
| 26. | | | trademarks, trade secrets, omain names, websites, proc | | | | |
| | ☐ Yes. | Give specific i | nformation about them | | | | |
| 27. | Example No | es, franchises les: Building p | , and other general intangil ermits, exclusive licenses, co | bles operative association | n holdings, li | iquor licenses, professional license | s |
| | ☐ Yes. | Give specific i | nformation about them | | | | |
| M | oney or p | property owed | I to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | _ | unds owed to | you | | | | |
| | ■ No □ Yes. 0 | Give specific ir | nformation about them, includ | ling whether you alre | ady filed the | e returns and the tax years | |
| 29. | ■ No | | | I support, child suppo | ort, maintena | ance, divorce settlement, property s | settlement |
| 30. | Example ■ No | les: Unpaid wa | inpaid loans you made to sor | | efits, sick pa | ay, vacation pay, workers' compens | sation, Social Security |
| 31. | | s in insuranc | | | | | |
| | Example ■ No | les: Health, dis | sability, or life insurance; heal | Ith savings account (| HSA); credit | t, homeowner's, or renter's insurand | ce |
| | ☐ Yes. N | Name the insu | rance company of each polic Company name: | y and list its value. | | Beneficiary: | Surrender or refund value: |
| 32. | If you a someon | | | | | icy, or are currently entitled to recei | ive property because |
| 33. | | | parties, whether or not you employment disputes, insura | | | a demand for payment | |
| | _ | Describe each | claim | | | | |
| 34. | ■ No | | | ery nature, includin | g countercl | laims of the debtor and rights to | set off claims |
| 25 | | Describe each | | | | | |
| JJ. | . Any fina ■ No | anciai assets | you did not already list | | | | |

| | Case 18-12924 | Doc 1 | Filed 05/02/18 Document | Entered 0 Page 14 of | 5/02/18 13:42:20 60 | Desc Main |
|--------------------|--|---------------------|----------------------------|-------------------------|---------------------------|-------------------------|
| Debtor 1 | Anna Marie K DeLeo | | Docament | | Case number (if known) | |
| ☐ Yes. | Give specific information | | | | | |
| | the dollar value of all of yo art 4. Write that number he | | | | | \$203.00 |
| | | | | | | |
| Part 5: De | scribe Any Business-Related | Property You | Own or Have an Interest | In. List any real esta | ate in Part 1. | |
| 37. Do you | own or have any legal or equi | itable interest i | n any business-related p | roperty? | | |
| ■ No. Go | to Part 6. | | | | | |
| ☐ Yes. 0 | Go to line 38. | | | | | |
| | | | | | | |
| | scribe Any Farm- and Comme | | | n or Have an Interes | st In. | |
| If y | ou own or have an interest in fa | armiand, list it in | Part 1. | | | |
| 46. Do you | ı own or have any legal or | equitable inf | terest in any farm- or | commercial fishir | ng-related property? | |
| No. | Go to Part 7. | | | | | |
| ☐ Yes | Go to line 47. | | | | | |
| | | | | | | |
| Part 7: | Describe All Property You | Own or Have a | n Interest in That You Di | d Not List Above | | |
| 52 Do voi | u have other property of a | ny kind you c | lid not already list? | | | |
| | ples: Season tickets, country | | | | | |
| ■ No | | | | | | |
| ☐ Yes. | Give specific information | | | | | |
| | | | | | | |
| 54. Add 1 | the dollar value of all of yo | our entries fro | om Part 7. Write that r | number here | | \$0.00 |
| | l <u>_</u> <u>_</u> | | | | | |
| Part 8: | List the Totals of Each Part | of this Form | | | | |
| 55. Part ' | 1: Total real estate, line 2 | | | | | \$0.00 |
| 56. Part 2 | 2: Total vehicles, line 5 | | | \$16,300.00 | | |
| 57. Part 3 | 3: Total personal and hous | sehold items | , line 15 | \$1,550.00 | | |
| 58. Part 4 | 4: Total financial assets, li | ne 36 | _ | \$203.00 | | |
| 59. Part \$ | 5։ Total business-related բ | property, line | 45 | \$0.00 | | |
| 60. Part 6 | 6: Total farm- and fishing- | related prope | erty, line 52 | \$0.00 | | |
| 61. Part 7 | 7: Total other property not | t listed, line 5 | + | \$0.00 | | |
| 62. Total | personal property. Add lin | nes 56 through | n 61 | \$18,053.00 | Copy personal property to | otal \$18,053.00 |
| 63. Total | of all property on Schedu | ıle A/B. Add li | ne 55 + line 62 | | | \$18,053.00 |

Official Form 106A/B Schedule A/B: Property page 5

| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|-------------------|-------------|--|
| Debtor 1 | Anna Marie K Del | Leo | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. | Which set of exemp | otions are | you claiming? | Check one only | , even if | your spouse is | filing with | you. |
|----|--------------------|------------|---------------|----------------|-----------|----------------|-------------|------|
|----|--------------------|------------|---------------|----------------|-----------|----------------|-------------|------|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
|---|--------------------------------------|--|---|------------------------------------|
| | Copy the value from Schedule A/B | Check only one box for each exemption. | | |
| 2011 Mercedes GLK 90,000 miles Line from Schedule A/B: 3.1 | \$16,300.00 | | \$2,400.00 | 735 ILCS 5/12-1001(c) |
| Ellie Hoff Genedale PAB. 911 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3 Standard Rooms of Furniture; Miscellaneouse Household Goods & | \$500.00 | | \$500.00 | 735 ILCS 5/12-1001(b) |
| Furnishings Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| LG Cell Phone Line from Schedule A/B: 6.2 | \$50.00 | | \$50.00 | 735 ILCS 5/12-1001(b) |
| Line from Scredule A/B. 0.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| Used Clothing Line from Schedule A/B: 11.1 | \$800.00 | | | 735 ILCS 5/12-1001(a) |
| Line from Scneaule A/B: 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Miscellaneous Jewelry Line from Schedule A/B: 12.1 | \$200.00 | | \$200.00 | 735 ILCS 5/12-1001(b) |
| Line nom Schedule PVD. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | | | | |

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Case number (if known)

| | | | | | |
|------|--|--------------------------------------|---------|---|------------------------------------|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | Cash Line from Schedule A/B: 16.1 | \$10.00 | | \$10.00 | 735 ILCS 5/12-1001(b) |
| | Elle Helli Solledale 7VB. 1911 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Checking Account: First Community Bank | \$100.00 | | \$100.00 | 735 ILCS 5/12-1001(b) |
| | Line from Schedule A/B: 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Savings Account: TCF Bank Line from Schedule A/B: 17.2 | \$43.00 | | \$43.00 | 735 ILCS 5/12-1001(b) |
| | Line Holli Schedule AVD. 17.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Pension: Retail Clerk Union Pension | Unknown | | | 735 ILCS 5/12-1006 |
| | Line from Schedule A/B: 21.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Attorney fees: payment on post petition fees | \$50.00 | | \$50.00 | 735 ILCS 5/12-1001(b) |
| | Line from Schedule A/B: 22.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every | | | led on or after the date of adjustmen | nt.) |
| S Li | ■ No | | | | |
| | ☐ Yes. Did you acquire the property covere | ed by the exemption wi | ithin 1 | ,215 days before you filed this case | ? |
| | □ No | | | | |

Yes

| Cas | se 18-12924 | Doc 1 Filed 05/02/ | | 05/02/18 13:4 | 42:20 Desc N | ⁄lain |
|--|---------------------------|---------------------------------------|------------------------|-------------------------|--------------------------|---------------|
| Fill in this inform | ation to identify you | | Page 17 | OLOU | | |
| | | _ | | | | |
| Debtor 1 | Anna Marie K D | | Last Name | | | |
| Debtor 2 | i iist ivaine | Widdle Name | Last Name | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Ban | kruptcy Court for the | NORTHERN DISTRICT OF | F ILLINOIS | | | |
| Case number | | | | | | |
| (if known) | | | | | ☐ Check | if this is an |
| | | | | | ameno | ded filing |
| o | 4000 | | | | | |
| Official Form | | | | | | |
| Schedule I | D: Creditors | Who Have Claim | ns Secured | l by Property | y | 12/15 |
| | | Marie K DeLeo Middle Name | | | | |
| s needed, copy the number (if known). | Additional Page, fill it | out, number the entries, and attac | ch it to this form. On | the top of any addition | nal pages, write your na | me and case |
| . Do any creditors h | nave claims secured by | y your property? | | | | |
| ☐ No. Check | this box and submit t | his form to the court with your o | other schedules. Yo | ou have nothing else to | o report on this form. | |
| Yes. Fill in | all of the information | below. | | | | |
| | Secured Claims | 20.0 | | | | |
| | | | | Column A | Column B | Column C |
| | | | | Amount of claim | Value of collateral | Unsecured |
| much as possible, lis | t the claims in alphabeti | cal order according to the creditor's | name. | | | |
| 2.1 Vibrant Cre | edit Union | Describe the property that secu | ıres the claim: | | | |
| Creditor's Name | | 2011 Mercedes GLK 90,0 |)00 miles | | | |
| | | | | | | |
| 1900 52nd | Avo | | n is: Check all that | | | |
| Moline, IL | | | | | | |
| | City, State & Zip Code | _ | | | | |
| rumber, ou cot, | ony, otate a zip code | : | | | | |
| Who owes the deb | ot? Check one. | • | oply. | | | |
| ■ Debtor 1 only | | <u> </u> | . , | ured | | |
| Debtor 2 only | | • • | ii as mortgage or sect | uieu | | |
| Debtor 1 and Deb | otor 2 only | | machanic's lian) | | | |
| | e debtors and another | • , | , mechanic's lien) | | | |
| ☐ Check if this cla | | | 04) | | | |
| community deb | | Under (including a right to ons | | | | |
| Date debt was incu | rred <u>4/2014</u> | Last 4 digits of account | number <u>4682</u> | | | |
| | | | | | | |
| | | | | \$17,00 | 0.00 | |
| If this is the last p Write that number | | the dollar value totals from all pa | iges. | \$17,00 | 0.00 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| Ŭ | 430 10 1232+ L | Document | Page 18 of 60 | Desc Man |
|--|---|---|--|---|
| Fill in this info | rmation to identify your | | | |
| Debtor 1 | Anna Marie K Del | l en | | |
| 200101 1 | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for the: | NORTHERN DISTRICT OF IL | LINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| Official For | m 106F/F | | | |
| | | ho Have Unsecured | Claims | 12/15 |
| | | | TY claims and Part 2 for creditors with NONPRIOR | |
| Schedule G: Exect Schedule D: Cred eft. Attach the Co name and case n | cutory Contracts and Unexp litors Who Have Claims Sec ontinuation Page to this pag umber (if known). | oired Leases (Official Form 106G). I cured by Property. If more space is ge. If you have no information to re | list executory contracts on Schedule A/B: Property Do not include any creditors with partially secured needed, copy the Part you need, fill it out, number port in a Part, do not file that Part. On the top of an | claims that are listed in the entries in the boxes on the |
| | All of Your PRIORITY Ur | | | |
| | itors have priority unsecure | d claims against you? | | |
| No. Go to | Part 2. | | | |
| ☐ Yes. | | | | |
| Part 2: List | All of Your NONPRIORIT | Y Unsecured Claims | | |
| 3. Do any credi | itors have nonpriority unsec | cured claims against you? | | |
| ☐ No. You h | ave nothing to report in this p | art. Submit this form to the court with | your other schedules. | |
| Yes. | | | | |
| unsecured cla | aim, list the creditor separately | y for each claim. For each claim listed | ne creditor who holds each claim. If a creditor has r d, identify what type of claim it is. Do not list claims alr have more than three nonpriority unsecured claims fil | eady included in Part 1. If more |
| | | | | Total claim |
| 4.1 Advoc | ate Medial Group | Last 4 digits of acc | count number | \$90.00 |
| • | ity Creditor's Name | | | |
| | ee Street laines, IL 60016 | When was the deb | incurred? | |
| | Street City State Zlp Code | As of the date you | file, the claim is: Check all that apply | |
| Who inc | curred the debt? Check one. | | | |
| ■ Debt | or 1 only | ☐ Contingent | | |
| ☐ Debt | or 2 only | ☐ Unliquidated | | |
| ☐ Debt | or 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At lea | ast one of the debtors and and | other Type of NONPRIOR | RITY unsecured claim: | |
| ☐ Chec | ck if this claim is for a comi | munity | | |
| debt | aim subject to offset? | | ng out of a separation agreement or divorce that you o | did not |
| Is the ci | ann subject to onset? | report as priority cla | ims n or profit-sharing plans, and other similar debts | |
| | | <u>_</u> | TOT PROTIES THAT IN PRAISES AND OTHER SHITHAL GEDIS | |
| ☐ Yes | | Other. Specify | | |

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Page 19 of 60 Case number (if know) Document Debtor 1 Anna Marie K DeLeo

| 4.2 | Advocate Medical Group-Cardiology | Last 4 digits of account number | \$135.00 |
|-----|---|---|----------|
| | Nonpriority Creditor's Name 1901 S. Meyers Rd. Ste. 350 | When was the debt incurred? | |
| | Oak Brook Terrace, IL 60181 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.3 | AFNI | Last 4 digits of account number | \$99.00 |
| | Nonpriority Creditor's Name PO BOX 3517 Bloomington, IL 61702 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | □ Unliquidated | |
| | Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Comcast | |
| 4.4 | Atg Credit | Last 4 digits of account number 6421 | \$500.00 |
| | Nonpriority Creditor's Name 1700 West Cortland Street Suite 201 | When was the debt incurred? Opened 07/17 | |
| | Chicago, IL 60622 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | lacksquare Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Collection Attorney Naperville Radiologists | |

Document Page 20 of 60 Debtor 1 Anna Marie K DeLeo Case number (if know) 4.5 \$97.00 **Ata Credit** Last 4 digits of account number 6420 Nonpriority Creditor's Name 1700 West Cortland Street When was the debt incurred? **Opened 07/17** Suite 201 Chicago, IL 60622 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other Specify Collection Attorney Naperville Radiologists ☐ Yes 4.6 **Capital One** \$1,447.00 Last 4 digits of account number 4281 Nonpriority Creditor's Name Attn: Bankruptcv Opened 07/14 Last Active Po Box 30285 When was the debt incurred? 5/12/17 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit Card** Other. Specify 4.7 Capital One Bank USA \$1,275.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 6492 Carol Stream, IL 60197 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent □ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No
□ Yes

Other. Specify

Debts to pension or profit-sharing plans, and other similar debts

Document Page 21 of 60 Debtor 1 Anna Marie K DeLeo Case number (if know) 4.8 \$0.00 Cbusasears Last 4 digits of account number 9002 Nonpriority Creditor's Name Citicorp Credit Srvs/Centralized Opened 06/99 Last Active Bankrup When was the debt incurred? 5/15/03 Po Box 790040 Saint Louis, MO 63179 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacktriangled Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.9 \$0.00 Comcast Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 3001 When was the debt incurred? Main Office Southeastern, PA 19398-3001 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Cable Bill Other. Specify 4.1 Comenity Bank/Lane Bryant 5942 Unknown Last 4 digits of account number 0 Nonpriority Creditor's Name Attn: Bankruptcy Dept Opened 05/97 Last Active Po Box 18215 When was the debt incurred? 08/08 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another

Official Form 106 E/F

debt

■ No

☐ Yes

■ Other. Specify Charge Account

☐ Obligations arising out of a separation agreement or divorce that you did not

 \square Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

report as priority claims

☐ Check if this claim is for a community

Is the claim subject to offset?

Case 18-12924 Doc 1 Filed 05/02/18 Entered 05/02/18 13:42:20 Desc Main Document Page 22 of 60 Case number (if know) Debtor 1 Anna Marie K DeLeo 4.1 \$434.00 Comenity Bkl/Ulta 7141 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Dept Opened 08/16 Last Active Po Box 182125 When was the debt incurred? 3/30/18 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.1 **Comenity Capital Bank** \$2,435.08 Last 4 digits of account number 2 Nonpriority Creditor's Name c/o MCM When was the debt incurred? 2365 Northside Drive, Ste. 300 San Diego, CA 92108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.1 Comenity Capital Bank/HSN 8135 \$0.00 Last 4 digits of account number 3 Nonpriority Creditor's Name Attn: Bankruptcy Dept Opened 8/20/14 Last Active Po Box 18215 When was the debt incurred? 4/02/17 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent

☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes

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Page 23 of 60 Case number (if know) Document Debtor 1 Anna Marie K DeLeo

| 4.1 4 | CVS Caremark | Last 4 digits of account number | | \$137.00 |
|----------|---|--|---|----------|
| | Nonpriority Creditor's Name Transworld Systems Inc. 500 Virginia Dr. Ste. 514 | When was the debt incurred? | | |
| | Fort Washington, PA 19034 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | _ | aration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-shari | ng plans, and other similar debts | |
| | Yes | <u> </u> | | |
| 4.1 5 | Diversified Consultants, Inc. | Last 4 digits of account number | 9606 | \$99.00 |
| | Nonpriority Creditor's Name Diversified Consultants, Inc. Po Box 551268 | When was the debt incurred? | Opened 12/17 | |
| | Jacksonville, FL 32255 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | | |
| | Debtor 1 only | Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | al alaim. | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure ☐ Student loans | a claim: | |
| | ☐ Check if this claim is for a community debt | | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | · | |
| | ■ No | ☐ Debts to pension or profit-shari | ng plans, and other similar debts | |
| | Yes | ■ Other. Specify Collection | Attorney Comcast | |
| 4.1 | Edward Helath Ventures | Last 4 digits of account number | | \$266.00 |
| | Nonpriority Creditor's Name 26185 Network Place | When was the debt incurred? | | |
| | Chicago, IL 60673 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sep report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-shari | ng plans, and other similar debts | |
| | Yes | Other. Specify | | |
| | | | | |

Debtor 1 Anna Marie K DeLeo

Description of the control of the con

| Edwards Hospital | Last 4 digits of account number | \$806.0 |
|---|---|----------|
| Nonpriority Creditor's Name PO Box 4207 | When was the debt incurred? | |
| Carol Stream, IL 60197 | when was the debt incurred? | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | Other. Specify | |
| Edwards-Elmhurst Health | Last 4 digits of account number | \$1,490. |
| Nonpriority Creditor's Name 8 Salt Creek Ln Hinsdale, IL 60521 | When was the debt incurred? | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | Debts to pension or profit-sharing plans, and other similar debts | |
| ■ No □ Yes | Other. Specify Other specify | |
| | | |
| Hunter Warfield | Last 4 digits of account number | \$150. |
| Nonpriority Creditor's Name 4620 Woodland Corporate Blvd. Tampa, FL 33614 | When was the debt incurred? | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | Other. Specify | |

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Document Page 25 of 60 Case number (if know) Debtor 1 Anna Marie K DeLeo 4.2 Icul/service Plus Fcu 6644 \$0.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Opened 07/16 Last Active 1807 W Diehl Rd When was the debt incurred? 1/23/17 Naperville, IL 60563 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes Laboratory & Pathology \$135.00 Diagnostics. Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Department 4387 Carol Stream, IL 60122 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.2 1950 \$0.00 Mercedes-Benz Financial Services Last 4 digits of account number Nonpriority Creditor's Name Opened 08/03 Last Active **Po Box 685** 8/25/08 When was the debt incurred? Roanoke, TX 76262 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim:

Official Form 106 E/F

debt

■ No

☐ Yes

■ Other. Specify Automobile

 \square Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

report as priority claims

At least one of the debtors and another

Is the claim subject to offset?

☐ Check if this claim is for a community

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| 223 W Jackson Blvd Ste 700 | When was the debt incurred? | Opened 07/17 | |
|---|--|---|----------|
| Chicago, IL 60606 | | | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | _ | | |
| ■ Debtor 1 only | Contingent | | |
| Debtor 2 only | Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | Disputed | d alatas | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure ☐ Student loans | a ciaim: | |
| ☐ Check if this claim is for a community debt | _ | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | Other. Specify Collection Ventures | Attorney Edward Health | |
| Merchants Credit | Last 4 digits of account number | 0125 | \$121.00 |
| Nonpriority Creditor's Name 223 W Jackson Blvd Ste 700 | When was the debt incurred? | Opened 05/17 | |
| Chicago, IL 60606 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | Other. Specify Collection Ventures | Attorney Edward Health | |
| Merchants Credit | Last 4 digits of account number | 0124 | \$105.00 |
| Nonpriority Creditor's Name 223 W Jackson Blvd | When was the debt incurred? | Opened 05/17 | |
| Chicago, IL 60606 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | Collection Other. Specify Ventures | Attorney Edward Health | |

Page 27 of 60 Case number (if know) Document Debtor 1 Anna Marie K DeLeo 4.2 Midland Funding 8746 \$2,435.00 Last 4 digits of account number 6 Nonpriority Creditor's Name 2365 Northside Dr Ste 300 When was the debt incurred? **Opened 10/17** San Diego, CA 92108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts **Factoring Company Account Comenity** ☐ Yes Other Specify Capital Bank 4.2 **MRS BPO** \$546.00 1616 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? **Opened 02/17** 1930 Olney Ave Cherry Hill, NJ 08003 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not debt Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Collection Attorney U.S. Cellular 4.2 Naperville Radiologist \$50.57 Last 4 digits of account number Nonpriority Creditor's Name 6910 S. Madison St. When was the debt incurred? Willowbrook, IL 60527 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No
□ Yes

Other. Specify

lacksquare Debts to pension or profit-sharing plans, and other similar debts

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Desc Main Document Page 28 of 60 Debtor 1 Anna Marie K DeLeo Case number (if know) 4.2 Nordstrom FSB 2445 \$1,257.00 Last 4 digits of account number 9 Nonpriority Creditor's Name **Attn: Bankruptcy Department** Opened 03/15 Last Active Po Box 6555 When was the debt incurred? 3/09/18 Englewood, CO 80155 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Credit Card 4.3 **Penn Credit Corporation** \$378.00 Last 4 digits of account number 0 Nonpriority Creditor's Name 916 South 14th Street When was the debt incurred? P.O. Box 988 Harrisburg, PA 17108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.3 Salt Creek Credit Unio 9791 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 06/14 Last Active 3013 S Wolf Rd 7/05/16 When was the debt incurred? Westchester, IL 60154 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed

T Yes

■ No

debt

☐ Student loans

report as priority claims

Type of NONPRIORITY unsecured claim:

■ Other. Specify Partially Secured

☐ Obligations arising out of a separation agreement or divorce that you did not

lacksquare Debts to pension or profit-sharing plans, and other similar debts

☐ At least one of the debtors and another

Is the claim subject to offset?

☐ Check if this claim is for a community

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Page 29 of 60 Document Debtor 1 Anna Marie K DeLeo Case number (if know) 4.3 \$204.00 **Sentry Credt** 3458 Last 4 digits of account number 2 Nonpriority Creditor's Name Po Box 12070 When was the debt incurred? **Opened 07/17** Everett, WA 98206 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Attorney Nordstrom Inc. ☐ Yes 4.3 The Center for Surgery 7616 \$2,080.00 Last 4 digits of account number Nonpriority Creditor's Name 475 E. Diehl Rd. When was the debt incurred? Naperville, IL 60563 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.3 **US Cellular** \$545.00 Last 4 digits of account number Nonpriority Creditor's Name c/o CBCS When was the debt incurred? P.O. Box 163729 Columbus, OH 43216-3729 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed

debt

■ No ☐ Yes Type of NONPRIORITY unsecured claim:

 $oxed{\square}$ Obligations arising out of a separation agreement or divorce that you did not

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

Other. Specify

report as priority claims

☐ At least one of the debtors and another

Is the claim subject to offset?

☐ Check if this claim is for a community

Document Page 30 of 60 Case number (if know) Debtor 1 Anna Marie K DeLeo 4.3 Vibrant Credit Union 5150 \$1,902.00 Last 4 digits of account number 5 Nonpriority Creditor's Name Attn: Bankruptcy Opened 7/01/16 Last Active 1900 52nd Ave When was the debt incurred? 4/01/18 Moline, IL 61265 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? ATG Credit, LLC Line 4.28 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 14895 Part 2: Creditors with Nonpriority Unsecured Claims Chicago, IL 60614 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Illinois Collection Services** Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 1010 ■ Part 2: Creditors with Nonpriority Unsecured Claims Tinley Park, IL 60477 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **Merchants Credit** Line 4.16 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 223 W Jackson St Part 2: Creditors with Nonpriority Unsecured Claims Suite 900 Chicago, IL 60606 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **Receivables Managment Partners** Line 4.17 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims LLC Part 2: Creditors with Nonpriority Unsecured Claims 2250 E. Devon Ave. Ste. 352 Des Plaines, IL 60018-4521 Last 4 digits of account number Part 4: Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|---|-----|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |

Total Claim

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Debtor 1 Anna Marie K DeLeo

| | 6f. | Student loans | 6f. | \$ 0.00 |
|--------------|-----|---|-----|-----------------|
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 19,339.65 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 19,339.65 |

| | | 17(7(3)111) | |
|---------------------|--------------------------|-------------------|-------------|
| Fill in this infor | rmation to identify your | case: | |
| Debtor 1 | Anna Marie K De | Leo | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |
| Case number | | | |
| (if known) | | | |
| | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Pinnacle, Kingsley Associates

State what the contract or lease is for
Residential Lease

| | | Docume | ent Page 33 d | or h() | |
|--------------------------------|--|-------------------------------|---------------------------|---|---|
| Fill in this | information to identify your | | | | |
| Debtor 1 | Anna Marie K De | Leo | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing | ng) First Name | Middle Name | Last Name | | |
| | | | | | |
| United Star | tes Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case numb (if known) | ber | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Official | l Form 106H | | | | |
| | lule H: Your Cod | obtors | | | 40/45 |
| Scrieu | ule n. Toul Cou | enroi 2 | | | 12/15 |
| ill it out, a | | boxes on the left. Attack | the Additional Page t | | needed, copy the Additional Page, p of any Additional Pages, write |
| 1. Do y | you have any codebtors? (If | you are filing a joint case, | do not list either spouse | e as a codebtor. | |
| ■ No | | | | | |
| ☐ Yes | 3 | | | | |
| | hin the last 8 years, have you a, California, Idaho, Louisiana | | | | ly states and territories include |
| ■ No. | Go to line 3. | | | | |
| ☐ Yes | . Did your spouse, former spo | use, or legal equivalent live | e with you at the time? | | |
| | | | | | |
| in line Form | 2 again as a codebtor only i | f that person is a guaran | tor or cosigner. Make | sure you have listed to | g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | IP Code | | Column 2: The cre Check all schedule | editor to whom you owe the debt es that apply: |
| 3.1 | | | | ☐ Schedule D, lin | 0 |
| | Name | | | ☐ Schedule E, IIII | |
| | | | | ☐ Schedule G, lin | ne |
| 1 | Number Street | | | _ | |
| • | City | State | ZIP Code | | |
| | | | | | |
| 3.2 | Name | | | Schedule D, lin | |
| | | | | ☐ Schedule E/F,☐ Schedule G, lir | |
| - | Number Street | | | — | |
| | City | State | ZIP Code | | |

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| Fill | in this information to identify your ca | ase: | | | | 1 | | | | |
|---------------------------|--|-------------------------------|--|---------------------|----------------|----------------------------|----------------------|--|---------------------------|----------------|
| | otor 1 Anna Marie | | | | | | | | | |
| | otor 2 puse, if filing) | | | | _ | | | | | |
| Uni | ted States Bankruptcy Court for the | : NORTHERN DISTRIC | CT OF ILLINOIS | | _ | | | | | |
| (If kr | se number | | | | | | amende uppleme | d filing ant showing po as of the follow | | chapter |
| | fficial Form 106l chedule I: Your Inc | om o | | | | MM | / DD/ Y | YYY | | 12/15 |
| sup spo atta Par | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. **T1: Describe Employment | are married and not filing wi | ng jointly, and your s ith you, do not includ | oouse i e inforr | s liv natio | ing with yo on about yo | ou, inclu our spo | ide informati use. If more | ion about y space is n | your eeded, |
| 1. | Fill in your employment information. | | Debtor 1 | | | D | ebtor 2 | or non-filing | j spouse | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employed | ■ Employed | | | ☐ Employed | | | |
| | | , ., | ☐ Not employed | | | | ☐ Not employed | | | |
| | employers. | Occupation | Sales | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Sterling Jewelers | s/Jared | t | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 375 Ghent Rd. Akron, OH 44333 | i | | | | | | |
| | | How long employed to | here? <u>1 year</u> | | | | _ | | | |
| Par | Give Details About Mor | nthly Income | | | | | | | | |
| | mate monthly income as of the dause unless you are separated. | ate you file this form. If | you have nothing to re | oort for | any I | ine, write \$ | 0 in the | space. Includ | e your non- | -filing |
| | u or your non-filing spouse have mo e space, attach a separate sheet to | | ombine the information | for all e | mplo | oyers for tha | at perso | n on the lines | below. If yo | ou need |
| | | | | | | For Debto | or 1 | For Debtor non-filing | | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 2,68 | 86.28 | \$ | N/A | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | |

2,686.28

N/A

Calculate gross Income. Add line 2 + line 3.

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| Deb | tor 1 | Anna Marie K DeLeo | - | Cas | e number (if known) | | | |
|-----|--------------------|---|------|-------|---------------------|--------------------|----------------------------------|-----------|
| | | | | Fo | or Debtor 1 | | r Debtor 2 or n-filing spouse | |
| | Cop | by line 4 here | 4. | \$ | 2,686.28 | \$_ | N/A | <u> </u> |
| 5. | List | all payroll deductions: | | | | | | |
| 0. | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 551.33 | \$ | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | | 0.00 | * * * - | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c. | : - | 0.00 | \$ | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d. | . \$ | 0.00 | \$ | N/A | _ |
| | 5e. | Insurance | 5e. | \$ | 137.58 | \$ | N/A | |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$_ | N/A | _ |
| | 5g. | Union dues | 5g. | | 0.00 | \$_ | N/A | _ |
| | 5h. | Other deductions. Specify: | 5h. | + \$ | 0.00 | + \$_ | N/A | <u>\</u> |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$_ | 688.91 | \$_ | N/A | _ |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$_ | 1,997.37 | \$_ | N/A | <u>.</u> |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | |
| | | monthly net income. | 8a. | | 0.00 | \$_ | N/A | _ |
| | 8b. | Interest and dividends | 8b. | . \$_ | 0.00 | \$_ | N/A | <u> </u> |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | N/A | |
| | 8d. | Unemployment compensation | 8d. | \$ | 0.00 | \$ | N/A | _ |
| | 8e. | Social Security | 8e. | \$ | 0.00 | \$ | N/A | _ \ |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$ | 0.00 | \$_ | N/A | _ |
| | 8g. | Pension or retirement income | 8g. | _ | 110.00 | \$_ | N/A | _ |
| | 8h. | Other monthly income. Specify: Average Net Commission | 8h. | + \$ | 556.00 | + \$_ | N/A | <u>\</u> |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$_ | 666.00 | \$_ | N/A | A |
| 10. | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | 2,663.37 + \$ | | N/A = \$ | 2,663.37 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | | | | _,, |
| 11. | Incl othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not exify: | depe | | • | | | 0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The resident that amount on the Summary of Schedules and Statistical Summary of Certailies | | | | | 12. \$ Combi | 2,663.37 |
| | | | | | | | | ly income |
| 13. | Do : | you expect an increase or decrease within the year after you file this form No. Yes. Explain: | ? | | | | | |

Official Form 106I Schedule I: Your Income page 2

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| Fill | in this informa | tion to identify yo | our case: | | | 1 | | |
|------|---------------------------------|---|----------------|--|---|-----------------------------|---|---|
| | tor 1 | Anna Marie I | | | | Che | ck if this is: | |
| | | Allia Marie | V Deleo | | | | An amended filing | |
| | tor 2 ouse, if filing) | | | | | | | wing postpetition chapter the following date: |
| `` | , ,, | | NODTI | IEDAL DIOTDIOT OF ILLIA | 010 | | · | |
| Unit | ed States Bankr | uptcy Court for the | NORTE | IERN DISTRICT OF ILLIN | OIS | | MM / DD / YYYY | |
| | e number nown) | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | |
| | | J: Your I | | | | | | 12/15 |
| info | ormation. If m | and accurate as ore space is ne n). Answer ever | eded, atta | . If two married people ar ch another sheet to this n. | e filing together, b form. On the top of | oth are equ f any additi | ially responsible fo onal pages, write y | or supplying correct your name and case |
| Par | | ibe Your House | hold | | | | | |
| 1. | Is this a join | t case? | | | | | | |
| | ■ No. Go to | | | ata bassa baldo | | | | |
| | | | n a separ | ate household? | | | | |
| | □ N | | st file Offici | al Form 106J-2, Expenses | s for Separate House | ehold of Del | otor 2. | |
| 2. | Do you have | e dependents? | ■ No | | | | | |
| ۷. | Do not list De | • | _ | Fill out this information for | Danandant'a ralat | ionahin ta | Donondont's | Door dependent |
| | Debtor 2. | פטנטו ו מווט | ☐ Yes. | each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | □ No |
| | dependents | names. | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes ☐ No |
| | | | | | | | | □ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes |
| 3. | | enses include | | No | | | | |
| | • | f people other ti d your depende | | Yes | | | | |
| Par | | ate Your Ongoi | | | | | | |
| exp | | | | uptcy filing date unless y y is filed. If this is a supp | | | | |
| | | | | government assistance i | | | | |
| | value of sucr ficial Form 10 | | a nave inc | cluded it on Schedule I: \ | our income | | Your exp | enses |
| 4. | The rental o | r home owners | hin avnan | ses for your residence. | nclude firet mortaaa | | | |
| ٦. | | d any rent for the | | - | noidde mai morigag | 4. | \$ | 1,140.00 |
| | If not includ | ed in line 4: | | | | | | |
| | 4a. Real e | state taxes | | | | 4a. | \$ | 0.00 |
| | • | rty, homeowner's | | | | 4b. | · | 0.00 |
| | | | | upkeep expenses | | 4c. | · | 20.00 |
| 5. | | owner's associat nortgage pavme | | dominium dues our residence, such as ho | me equity loans | 4d. 5. | | 0.00 |
| ٠. | | | y · | | oquity louiso | ٥. | Ŧ | 0.00 |

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| ebtor 1 | Anna Marie K DeLeo | Case num | ber (if known) | |
|------------------|--|--------------|----------------|-----------------------|
| . Utilitie | es: | | | |
| | Electricity, heat, natural gas | 6a. | \$ | 65.00 |
| | Water, sewer, garbage collection | 6b. | · - | 0.00 |
| | Telephone, cell phone, Internet, satellite, and cable services | 6c. | · | 90.00 |
| | Other. Specify: | 6d. | * | 0.00 |
| | and housekeeping supplies | 7. | | 300.00 |
| | care and children's education costs | 8. | \$ | |
| - | | 9. | · | 0.00 |
| | ing, laundry, and dry cleaning | | \$ | 100.00 |
| | onal care products and services | 10. | · | 50.00 |
| | cal and dental expenses | 11. | \$ | 75.00 |
| | sportation. Include gas, maintenance, bus or train fare. | 12. | \$ | 290.00 |
| | t include car payments. | 13. | · | 50.00 |
| | tainment, clubs, recreation, newspapers, magazines, and books | | · - | |
| | table contributions and religious donations | 14. | — | 0.00 |
| 5. Insura | | | | |
| | t include insurance deducted from your pay or included in lines 4 or 20. | 150 | ¢ | 0.00 |
| | Life insurance | 15a. | · | 0.00 |
| | Health insurance | 15b. | · | 0.00 |
| | Vehicle insurance | 15c. | | 120.00 |
| | Other insurance. Specify: | 15d. | \$ | 0.00 |
| | s. Do not include taxes deducted from your pay or included in lines 4 or 20. | | _ | |
| Specif | · | 16. | \$ | 0.00 |
| | Iment or lease payments: | | | |
| | Car payments for Vehicle 1 | 17a. | \$ | 356.00 |
| 17b. | Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| 17c. | Other. Specify: | 17c. | \$ | 0.00 |
| 17d. | Other. Specify: | 17d. | \$ | 0.00 |
| 3. Your | payments of alimony, maintenance, and support that you did not report as | S | | |
| | cted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | | \$ | 0.00 |
| Other | payments you make to support others who do not live with you. | | \$ | 0.00 |
| Specif | fy: | 19. | | |
| . Other | real property expenses not included in lines 4 or 5 of this form or on Sch | nedule I: Yo | ur Income. | |
| | Mortgages on other property | 20a. | | 0.00 |
| | Real estate taxes | 20b. | \$ | 0.00 |
| 20c. | Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | Maintenance, repair, and upkeep expenses | 20d. | | 0.00 |
| | Homeowner's association or condominium dues | 20a. | | 0.00 |
| | | | · | |
| . Otner | : Specify: | 21. | +\$ | 0.00 |
| 2. Calcu | late your monthly expenses | | | |
| | Add lines 4 through 21. | | \$ | 2,656.00 |
| | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | _,000.00 |
| | | | · | 0.050.00 |
| ∠∠C. A | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 2,656.00 |
| 3. Calcu | late your monthly net income. | | | |
| | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 2,663.37 |
| | Copy your monthly expenses from line 22c above. | 23b. | · | 2,656.00 |
| ۷۵۵. | Copy your monthly expenses from the 220 above. | 200. | Ψ | 2,030.00 |
| 220 | Subtract your monthly expanses from your monthly income | | | |
| | Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23c. | \$ | 7.37 |
| | The result is your monuny has income. | | <u> </u> | |
| 4. D o vo | ou expect an increase or decrease in your expenses within the year after y | ou file this | form? | |
| | ample, do you expect to finish paying for your car loan within the year or do you expect you | | | or decrease because o |
| | cation to the terms of your mortgage? | | , | |
| | | | | |
| ■ No | 1. | | | |

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| Fill in this inforn | mation to identify your | case: | | | |
|------------------------------------|--|--------------------------|-----------------------------|-------------------------|--|
| Debtor 1 | Anna Marie K De | Leo | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | nkruptcy Court for the: | NORTHERN DISTRIC | T OF ILLINOIS | | |
| Case number(if known) | | | | | ☐ Check if this is an amended filing |
| Official Forn | | | | | |
| Declarat | ion About a | an Individual | l Debtor's Sc | hedules | 12/15 |
| obtaining money years, or both. 18 | | in connection with a ban | | | ement, concealing property, or 00, or imprisonment for up to 20 |
| Did you pay | y or agree to pay som | eone who is NOT an atto | rney to help you fill out b | ankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. N | Name of person | | | | kruptcy Petition Preparer's Notice, , and Signature (Official Form 119) |
| | Ity of perjury, I declare e true and correct. | that I have read the sun | nmary and schedules filed | d with this declaration | on and |
| X /s/ Ann | a Marie K DeLeo | | X | | |
| | Marie K DeLeo re of Debtor 1 | | Signature of | Debtor 2 | |

Date _____

Date May 2, 2018

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| Fill in this infor | mation to identify your | case: | | | |
|---------------------------------|--|---------------------------|-------------------------|---------------------------|---|
| Debtor 1 | Anna Marie K Del | Leo | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | _ | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT (| OF ILLINOIS | | |
| Case number _ (if known) | | | | | ☐ Check if this is an amended filing |
| Official Forr | n 106Dec | | | | |
| Declarat | ion About a | n Individual | Debtor's S | chedules | 12/15 |
| years, or both. 1 | y or property by fraud ii 8 U.S.C. §§ 152, 1341, 1 n Below | | uptcy case can resul | t in fines up to \$250,00 | 00, or imprisonment for up to 20 |
| Did you pa | y or agree to pay some | one who is NOT an attorn | ey to help you fill out | : bankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. N | Name of person | | | | kruptcy Petition Preparer's Notice, a, and Signature (Official Form 119) |
| | alty of perjury, I declare e true and correct. | that I have read the summ | nary and schedules fi | led with this declaration | on and |
| X /s/ Anr | na Marie K DeLeo | | X | | |
| Anna I | Marie K DeLeo re of Debtor 1 | | Signature | of Debtor 2 | |

Date _____

Date May 2, 2018

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| Fill in this info | ormation to identify your | case: | | | |
|----------------------------------|---|--------------------------|----------------------------|-------------------------|---|
| Debtor 1 | Anna Marie K Del | Leo | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States E | Sankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number (if known) | - | | | | ☐ Check if this is an amended filing |
| Official Fo | rm 106Dec | | | | |
| Declara | tion About a | ın Individual | Debtor's Sc | hedules | 12/15 |
| obtaining mon years, or both. | | n connection with a bank | | | ment, concealing property, or D, or imprisonment for up to 20 |
| Did you p | pay or agree to pay some | one who is NOT an attor | ney to help you fill out b | pankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. | Name of person | | | | ruptcy Petition Preparer's Notice, and Signature (Official Form 119) |
| that they a | nalty of perjury, I declare are true and correct. nna Marie K DeLeo | that I have read the sum | x | d with this declaration | , |
| | Marie K DeLeo ture of Debtor 1 | | Signature of | Debtor 2 | |

Date _____

Date May 2, 2018

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| E#III | in this inform | nation to identify you | r casa: | | | | | | | |
|---------------------|----------------------------|---|--|---|---|---|--|--|--|--|
| | | | | | | | | | | |
| Det | otor 1 | Anna Marie K Do | Middle Name | Last Name | | | | | | |
| | otor 2 suse if, filing) | First Name | Middle Name | Last Name | | | | | | |
| Uni | ted States Bar | nkruptcy Court for the: | NORTHERN DISTRICT (| OF ILLINOIS | | | | | | |
| | se number | | | | | Check if this is an Imended filing | | | | |
| Sta Be a info | s complete a | of Financial | attach a separate sheet to | are filing together, both are | ankruptcy equally responsible for sup additional pages, write you | | | | | |
| | <u> </u> | | stion. arital Status and Where You | Lived Before | | | | | | |
| 1. | What is your | current marital statu | ıs? | | | | | | | |
| | ☐ Married ■ Not married | ried | | | | | | | | |
| 2. | During the la | he last 3 years, have you lived anywhere other than where you live now? | | | | | | | | |
| | ■ No □ Yes. List | t all of the places you l | ived in the last 3 years. Do no | ot include where you live now | <i>ı</i> . | | | | | |
| | Debtor 1 Pri | or Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there | | | | |
| 3. state | | | | | ity property state or territor co, Texas, Washington and V | | | | | |
| | ■ No □ Yes. Ma | ke sure you fill out <i>Scl</i> | hedule H: Your Codebtors (Ot | fficial Form 106H). | | | | | | |
| Par | t 2 Explain | n the Sources of You | r Income | | | | | | | |
| 4. | Fill in the tota | I amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part- | | ndar years? | | | | |
| | □ No ■ Yes. Fill | in the details. | | | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | | | |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$19,289.00 | ☐ Wages, commissions, bonuses, tips | | | | | |
| | | | ☐ Operating a business | | ☐ Operating a business | | | | | |

Official Form 107

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| | Dobtor 1 | | Dobtor 2 | |
|---|--|--|---|---|
| | Debtor 1 | | Debtor 2 | |
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| For last calendar year: (January 1 to December 31, 2017) | ■ Wages, commissions, bonuses, tips | \$26,308.46 | ☐ Wages, commissions, bonuses, tips | |
| | ☐ Operating a business | | ☐ Operating a business | |
| | ☐ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, commissions, bonuses, tips | |
| | Operating a business | | ☐ Operating a business | |
| For the calendar year before that: (January 1 to December 31, 2016) | ■ Wages, commissions, bonuses, tips | \$34,056.00 | ☐ Wages, commissions, bonuses, tips | |
| | ☐ Operating a business | | ☐ Operating a business | |
| | ☐ Wages, commissions, bonuses, tips | \$1,300.00 | ☐ Wages, commissions, bonuses, tips | |
| | Operating a business | | ☐ Operating a business | |
| For the calendar year: (January 1 to December 31, 2015) | ■ Wages, commissions, bonuses, tips | \$44,557.00 | ☐ Wages, commissions, bonuses, tips | |
| | ☐ Operating a business | | ☐ Operating a business | |
| | ☐ Wages, commissions, bonuses, tips | \$1,350.00 | ☐ Wages, commissions, bonuses, tips | |
| | Operating a business | | ☐ Operating a business | |
| 5. Did you receive any other income Include income regardless of wheth and other public benefit payments; winnings. If you are filing a joint case List each source and the gross income No Yes. Fill in the details. | ner that income is taxable. Ex pensions; rental income; inte se and you have income that | amples of other income are al rest; dividends; money collect you received together, list it of | ed from lawsuits; royalties; an nly once under Debtor 1. | |
| | Debtor 1 | | Debtor 2 | |
| | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | Retirement | \$440.00 | | |
| For last calendar year: (January 1 to December 31, 2017) | Retirement Income | \$880.00 | | |
| | Unemployment | \$0.00 | | |
| For the calendar year before that: (January 1 to December 31, 2016) | Retirement Income | \$1,343.00 | | |

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Case number (if known) Document Debtor 1 Anna Marie K DeLeo

| | | | Sc | ebtor 1 burces of income escribe below. | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of inco Describe below. | (be | oss income fore deductions d exclusions) |
|--|------------------------|--|--|---|--|---|---|---|
| | | | U | nemployment | \$2,639.00 | | | |
| | r the calenary 1 to | | 31, 2015) | etirement Income | \$4,907.00 | | | |
| | | | U | nemployment | \$5,150.00 | | | |
| Pa | rt 3: List | : Certain Pa | ayments You Ma | de Before You Filed for | Bankruptcy | | | |
| 6. | □ No. | Neither D individual During the No. Yes * Subject Debtor 1 During the No. Yes | ebtor 1 nor Debt primarily for a pe e 90 days before y Go to line 7. List below each paid that credit not include pay to adjustment on or Debtor 2 or be e 90 days before y Go to line 7. List below each include payment attorney for this | rsonal, family, or househor you filed for bankruptcy, do not creditor to whom you part or. Do not include payme ments to an attorney for 4/01/19 and every 3 years oth have primarily construction filed for bankruptcy, do not creditor to whom you parts for domestic support of bankruptcy case. | umer debts. Consumer debold purpose." lid you pay any creditor a total debt at total of \$6,425* or more onts for domestic support oblights bankruptcy case. It is after that for cases filed or total you pay any creditor a total debt. lid you pay any creditor a total debt at total of \$600 or more an obligations, such as child suppose to total debt at total of \$600 or more and obligations, such as child suppose to total debt at total of \$600 or more and obligations, such as child suppose to total debt at total of \$600 or more and obligations, such as child suppose to total debt at total of \$600 or more and obligations, such as child suppose to total debt at total of \$600 or more and obligations, such as child suppose to total debt at total of \$600 or more and obligations, such as child suppose to total debt at total of \$600 or more and obligations. | al of \$6,425* or more paying ations, such as ching or after the date of all of \$600 or more? If the total amount your and alimony. A | e? ments and the tota ld support and ali adjustment. rou paid that credi | al amount you mony. Also, do itor. Do not e payments to an |
| | Creditor' | s Name an | d Address | Dates of paymo | ent Total amount paid | Amount you still owe | Was this payme | ent for |
| 7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider' Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general possible of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing age a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child salimony. No Yes. List all payments to an insider. | | | | i are a general pa y managing agent s, such as child su | t, including one for | | | |
| | Insider's | Name and | Address | Dates of paymo | ent Total amount paid | Amount you still owe | Reason for this | payment |
| 8. | insider? Include pa | lyments on | | or cosigned by an inside | any payments or transfer a | any property on ac | count of a debt t | hat benefited an |
| | | Name and | | Dates of payme | ent Total amount | Amount you still owe | Reason for this | |

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| Pa | rt 4: Identify Legal Actions, Repossession | s, and Foreclosures | | | | | | | |
|-----|---|-----------------------------|---------------------------------|------------------------------|-----------------------|--|--|--|--|
| 9. | Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. | | | | | | | | |
| | □ No■ Yes. Fill in the details. | | | | | | | | |
| | Case title Case number | Nature of the case | Court or agency | Status of th | e case | | | | |
| | Great American Finance Co. vs ANNA DELEO | JUDGMENT | DUPAGE COUNTY, ILLINOIS | ☐ Pending☐ On appe☐ Conclude | | | | | |
| | | | | - 270.03 | | | | | |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below ■ No. Go to line 11. □ Yes. Fill in the information below. | | erty repossessed, foreclosed | , garnished, attached | I, seized, or levied? | | | | |
| | Creditor Name and Address | Describe the Property | | Date | Value of the property | | | | |
| | | | , | | | | | | |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment beca ■ No □ Yes. Fill in the details. Creditor Name and Address | | _ | stitution, set off any a | mounts from your | | | | |
| | Creditor Name and Address | Describe the action the | creditor took | taken | Amount | | | | |
| 12. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or at ■ No □ Yes | | erty in the possession of an a | assignee for the bene | efit of creditors, a | | | | |
| Pa | tt 5: List Certain Gifts and Contributions | | | | | | | | |
| 13. | Within 2 years before you filed for bankrup No Yes. Fill in the details for each gift. | tcy, did you give any gift: | s with a total value of more th | nan \$600 per person? | ? | | | | |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | | Dates you gave the gifts | Value | | | | |
| | Person to Whom You Gave the Gift and Address: | | | | | | | | |
| 14. | Within 2 years before you filed for bankrup | | s or contributions with a tota | I value of more than | \$600 to any charity? | | | | |
| | Yes. Fill in the details for each gift or conf | | ı contributod | Dates ver | Volum | | | | |
| | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number Street City State and ZIP Code) | al Describe what you | a contributed | Dates you contributed | Value | | | | |

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| Pa | rt 6: List Certain Losses | | | | | | | | |
|-----|---|-------------------|--|--------------|---|--------------------|--|--|--|
| 15. | Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? | | | | | | | | |
| | ■ No | | | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | | |
| | Describe the property you lost and | Descri | be any insurance coverage for the loss | s | Date of your | Value of property | | | |
| | how the loss occurred | Include | the amount that insurance has paid. List once claims on line 33 of Schedule A/B: Pro | t pending | loss | lost | | | |
| Pa | rt 7: List Certain Payments or Transfers | } | | | | | | | |
| 16. | Within 1 year before you filed for bankrup consulted about seeking bankruptcy or p Include any attorneys, bankruptcy petition p | repari | ng a bankruptcy petition? | | | rty to anyone you | | | |
| | □ No | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y | | Description and value of any propert transferred | ty | Date payment or transfer was made | Amount of payment | | | |
| | Zalutsky & Pinski, Ltd. 111 W. Washington Suite 1550 Chicago, IL 60602 | ou | | | 9/1/17-1/23/18 | \$267.05 | | | |
| 17. | Within 1 year before you filed for bankrup promised to help you deal with your cred Do not include any payment or transfer that | litors o | r to make payments to your creditors? | | r transfer any prope | rty to anyone who | | | |
| | No | | | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | | |
| | Person Who Was Paid Address | | Description and value of any propert transferred | ty | Date payment or transfer was made | Amount of payment | | | |
| 18. | Within 2 years before you filed for bankru transferred in the ordinary course of you Include both outright transfers and transfers include gifts and transfers that you have alrest No Yes. Fill in the details. | r busin made a | ess or financial affairs? as security (such as the granting of a secu | | | | | | |
| | Person Who Received Transfer | | Description and value of | Describe a | iny property or | Date transfer was | | | |
| | Address | | property transferred | | received or debts | made | | | |
| | Person's relationship to you | | | | | | | | |
| 19. | Within 10 years before you filed for bank beneficiary? (These are often called asset ■ No ■ Yes. Fill in the details. | | | -settled tru | st or similar device | of which you are a | | | |
| | Name of trust | | Description and value of the property | v transferre | ed | Date Transfer was | | | |
| | | | | , | | made | | | |

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| Pai | t 8: List of Certain Financial Accounts, I | nstruments, Safe Depos | sit Boxes, and S | Storage Uni | ts | |
|-----|---|--|-------------------|--------------|--|---|
| 20. | Within 1 year before you filed for bankrup sold, moved, or transferred? Include checking, savings, money market houses, pension funds, cooperatives, ass | , or other financial acco | unts; certificate | s of depos | • | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of acco | ount or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within cash, or other valuables? | 1 year before you filed f | or bankruptcy, a | any safe de | posit box or other depo | sitory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had a Address (Number State and ZIP Code) | | Describe | the contents | Do you still have it? |
| 22. | Have you stored property in a storage uni | t or place other than yo | ur home within | 1 year befo | re you filed for bankrup | tcy? |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) **Address (Number, Street, City, State and ZIP Code) **Address (Number, Street, City, State and ZIP Code) **Total Code Code Code Code Code Code Code Code | | | | the contents | Do you still have it? |
| Pai | t 9: Identify Property You Hold or Control | ol for Someone Else | | | | |
| 23. | Do you hold or control any property that s for someone. | someone else owns? Ind | clude any prope | erty you bor | rowed from, are storing | for, or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the pro (Number, Street, City Code) | | Describe | the property | Value |
| Pai | t 10: Give Details About Environmental Ir | nformation | | | | |
| For | the purpose of Part 10, the following defini | itions apply: | | | | |
| | Environmental law means any federal, statoxic substances, wastes, or material into regulations controlling the cleanup of the | the air, land, soil, surfa | ce water, groun | | | |
| | Site means any location, facility, or prope to own, operate, or utilize it, including dis | • | y environmental | l law, wheth | ner you now own, opera | te, or utilize it or used |
| | Hazardous material means anything an er hazardous material, pollutant, contaminar | | s as a hazardou | ıs waste, ha | azardous substance, to | kic substance, |
| Rep | ort all notices, releases, and proceedings t | hat you know about, re | gardless of whe | en they occ | urred. | |
| 24. | Has any governmental unit notified you th | at vou mav be liable or | potentially liabl | e under or | in violation of an enviro | nmental law? |

| ■ No □ Yes. Fill in the details. | | | |
|--|--|-----------------------------------|----------------|
| Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |

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| 25. | Have you notified any governmental unit of any release of hazardous material? | | | | | | | | | |
|-----|---|---|---------------------------------------|--------------------|--|--|--|--|--|--|
| | ■ No □ Yes. Fill in the details. | | | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | | | |
| 26. | Have you been a party in any judicial or admir ■ No | nistrative proceeding under any envi | ronmental law? Include settlements a | nd orders. | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | | | | |
| Par | 111: Give Details About Your Business or Co | onnections to Any Business | | | | | | | | |
| 27. | Within 4 years before you filed for bankruptcy | v, did you own a business or have an | y of the following connections to any | business? | | | | | | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | | | | |
| | ☐ A member of a limited liability compar | ny (LLC) or limited liability partnershi | ip (LLP) | | | | | | | |
| | ☐ A partner in a partnership | | | | | | | | | |
| | ☐ An officer, director, or managing executive of a corporation | | | | | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | | | |
| | □ No. None of the above applies. Go to Part 12. | | | | | | | | | |
| | Yes. Check all that apply above and fill in | _ | | | | | | | | |
| | Business Name | Describe the nature of the business | Employer Identification number | | | | | | | |
| | Address (Number, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Do not include Social Security r | number or ITIN. | | | | | | |
| | | · | Dates business existed | | | | | | | |
| | Anna Marie K DeLeo H 1315 Modaff Rd. B1 | Hair Dresser | EIN: | | | | | | | |
| | Naperville, IL 60565 | Land Financial Services 1001 W. 95th St. Suite 201 Dak Lawn, IL 60453 | From-To 2012 - 2016 | | | | | | | |
| 28. | Within 2 years before you filed for bankruptcy institutions, creditors, or other parties. | , did you give a financial statement t | o anyone about your business? Inclu | de all financial | | | | | | |
| | No No | | | | | | | | | |
| | Yes. Fill in the details below. | Note to see d | | | | | | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | Date Issued | | | | | | | | |

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| Part 12: Sign Below | |
|---|--|
| are true and correct. I und | n this <i>Statement of Financial Affairs</i> and any attachments, and I declare under penalty of perjury that the answers erstand that making a false statement, concealing property, or obtaining money or property by fraud in connection in result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 19, and 3571. |
| /s/ Anna Marie K DeLe | 0 |
| Anna Marie K DeLeo Signature of Debtor 1 | Signature of Debtor 2 |
| Date May 2, 2018 | Date |
| ' | pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| No | |
| ☐ Yes | |
| Did you pay or agree to pa | y someone who is not an attorney to help you fill out bankruptcy forms? |
| No | |
| ☐ Yes. Name of Person | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

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| Fill in this informa | ation to identify your | case: | | | |
|--|--|------------------------|--|-----------------------|---|
| Debtor 1 | Anna Marie K De | | | | |
| Dahtano | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bank | kruptcy Court for the: | NORTHERN DIST | RICT OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| O#: -: -! F | 400 | | | | |
| Official For | | C ll' | talenda Ettere Herria | | - |
| Statemen | t of intentio | n tor indiv | iduals Filing Unde | r Chapter | 12/15 |
| If you are an indivi | idual filing under cha | pter 7, you must fill | out this form if: | | |
| creditors have | claims secured by yo | ur property, or | | | |
| | d personal property a | | ot expired. you file your bankruptcy petition o | r hy the date set for | or the meeting of creditors |
| whicheve | er is earlier, unless th | | time for cause. You must also se | | |
| on the fo | | | | | |
| | date the form. | r in a joint case, bot | h are equally responsible for supp | lying correct infor | mation. Both debtors must |
| | nd accurate as possib ur name and case nu | | needed, attach a separate sheet to | o this form. On the | top of any additional pages, |
| Part 1: List You | ır Creditors Who Hav | a Secured Claims | | | |
| | | | 0 11/2 MW 11 01 1 0 | | (C. 1.15 400D) (CU. 1.1 |
| information belo | ow. | | Creditors Who Have Claims Secu | red by Property (C | official Form 106D), fill in the |
| Identify the cred | litor and the property t | hat is collateral | What do you intend to do with th secures a debt? | e property that | Did you claim the property as exempt on Schedule C? |
| | | | | | |
| Creditor's Vik | orant Credit Union | | ☐ Surrender the property. | | □ No |
| name: | | | Retain the property and redeen | | = v |
| Description of | 2011 Mercedes GL | K 90,000 | Retain the property and enter in Reaffirmation Agreement. | ito a | Yes |
| property | miles | | ☐ Retain the property and [explain | ո]։ | |
| securing debt: | | | | | |
| | ır Unexpired Persona | | | | (2001) |
| For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). | | | | | |
| | | | | • ", | |
| Describe your un | expired personal pro | perty leases | | W | ill the lease be assumed? |
| Lessor's name: | Pinnacle, King | gsley Associates | | | l No |
| | | | | • | Yes |
| December 1 | | | | | |
| Description of leas Property: | ed Residential Le | ease | | | |
| | | | | | |
| Part 3: Sign Be | low | | | | |
| | | | | | |

Official Form 108

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| Det | btor 1 Anna Marie K DeLeo | Case number (if known) |
|-----|---|---|
| | ler penalty of perjury, I declare that I have indicated n perty that is subject to an unexpired lease. | ny intention about any property of my estate that secures a debt and any personal |
| X | /s/ Anna Marie K DeLeo Anna Marie K DeLeo | Signature of Debtor 2 |
| | Signature of Debtor 1 Date May 2, 2018 | Date |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-12924 Doc 1 Filed 05/02/18 Entered 05/02/18 13:42:20 Desc Main Document Page 55 of 60

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In r | re Anna Marie K DeLeo | | Case No | - | |
|---|--|--|--|--|---------|
| | | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COMPEN | NSATION OF ATTO | RNEY FOR I | DEBTOR(S) | |
| 1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rebe rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: | | | | id to me, for services rendered | l or to |
| | For legal services, I have agreed to accept | | \$ | 267.05 | |
| | Prior to the filing of this statement I have received | | \$ | 0.00 | |
| | Balance Due | | \$ | 267.05 | |
| 2. | \$ of the filing fee has been paid. | | | | |
| 3. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 5. | ■ I have not agreed to share the above-disclosed comp | ensation with any other person | unless they are me | mbers and associates of my la | w firm. |
| | ☐ I have agreed to share the above-disclosed compensations copy of the agreement, together with a list of the narrows. | | | | n. A |
| 6. | In return for the above-disclosed fee, I have agreed to re | nder legal service for all aspec | ets of the bankruptc | y case, including: | |
| | a. Analysis of the debtor's financial situation, and rende b. Preparation and filing of any petition, schedules, state c. Representation of the debtor at the meeting of credite d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on hot | ement of affairs and plan which ors and confirmation hearing, a educe to market value; ex ns as needed; preparation | h may be required; and any adjourned he cemption plannir | earings thereof; g; preparation and filing o | of |
| | Outside counsel may be employed unde | r firm supervision, and pa | aid by our firm. | | |
| 7. | 7. By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtors in any dischargeability actions or any other adversary proceeding. | | | | |
| | | CERTIFICATION | | | |
| this | I certify that the foregoing is a complete statement of any bankruptcy proceeding. | y agreement or arrangement fo | or payment to me fo | r representation of the debtor(s | s) in |
| | May 2, 2018 | /s/ Kerrie S. Neal | [| | |
| | Date | Kerrie S. Neal 62 | - | | |
| | | Signature of Attorn Zalutsky & Pinsk | | | |
| | | 111 W. Washing | | | |
| | | Suite 1550 | 12 | | |
| | | Chicago, IL 6060 312-782-9792 Fa | | | |
| | | admin@ZAPLaw | | | |
| | | Name of law firm | | | |

United States Bankruptcy Court Northern District of Illinois

| In re | Anna Marie K DeLeo | | Case No. | | | |
|-------|--|---|----------------|---------------------------|--|--|
| | | Debtor(s) | Chapter | 7 | | |
| | VERIFICATION OF CREDITOR MATRIX | | | | | |
| | | Number of C | Creditors: | 38 | | |
| | The above-named Debtor(s) h (our) knowledge. | nereby verifies that the list of credito | rs is true and | correct to the best of my | | |
| Date: | May 2, 2018 | /s/ Anna Marie K DeLeo Anna Marie K DeLeo Signature of Debtor | | | | |

Advocate Medial Group 701 Lee Street Des Plaines, IL 60016

Advocate Medical Group-Cardiology 1901 S. Meyers Rd. Ste. 350 Oak Brook Terrace, IL 60181

AFNI PO BOX 3517 Bloomington, IL 61702

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ATG Credit, LLC PO Box 14895 Chicago, IL 60614

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One Bank USA PO Box 6492 Carol Stream, IL 60197

Cbusasears Citicorp Credit Srvs/Centralized Bankrup Po Box 790040 Saint Louis, MO 63179

Comcast P.O. Box 3001 Main Office Southeastern, PA 19398-3001

Comenity Bank/Lane Bryant Attn: Bankruptcy Dept Po Box 18215 Columbus, OH 43218 Comenity Bkl/Ulta Attn: Bankruptcy Dept Po Box 182125 Columbus, OH 43218

Comenity Capital Bank c/o MCM 2365 Northside Drive, Ste. 300 San Diego, CA 92108

Comenity Capital Bank/HSN Attn: Bankruptcy Dept Po Box 18215 Columbus, OH 43218

CVS Caremark Transworld Systems Inc. 500 Virginia Dr. Ste. 514 Fort Washington, PA 19034

Diversified Consultants, Inc. Diversified Consultants, Inc. Po Box 551268 Jacksonville, FL 32255

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Edwards Hospital PO Box 4207 Carol Stream, IL 60197

Edwards-Elmhurst Health 8 Salt Creek Ln Hinsdale, IL 60521

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Icul/service Plus Fcu 1807 W Diehl Rd Naperville, IL 60563 Illinois Collection Services P.O. Box 1010 Tinley Park, IL 60477

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Penn Credit Corporation 916 South 14th Street P.O. Box 988 Harrisburg, PA 17108 Pinnacle, Kingsley Associates

Receivables Managment Partners LLC 2250 E. Devon Ave. Ste. 352 Des Plaines, IL 60018-4521

Salt Creek Credit Unio 3013 S Wolf Rd Westchester, IL 60154

Sentry Credt Po Box 12070 Everett, WA 98206

The Center for Surgery 475 E. Diehl Rd. Naperville, IL 60563

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